



**CITY OF YUKON
BUILDING DEPARTMENT**

10 S 5TH ST
Yukon, OK 73099
Office: 405-354-6676 Fax: 405-350-8929
Website: www.cityofyukonok.gov

The City of Yukon requires contractor registration per Ordinance 18-4. This includes any individual or company acting as a general, home improvement, specialty trade or skilled trade contractor including any construction activities. Electrical, Plumbing, Heating & Cooling, structural.

No person shall act as or claim to be a construction contractor of any type, or perform any construction work on any commercial or residential construction unless first registered with the City of Yukon.

**NEW CONTRACTOR LICENSE
ELECTRICAL, PLUMBING, MECHANICAL**

Please Include the Following:

- ☐ **STATE DRIVERS LICENSE / GOVERNMENT ISSUED PHOTO I.D.**
- ☐ **STATE OF OKLAHOMA LICENSED TRADE CONTRACTOR LICENSE**
- ☐ **APPLICATION COMPLETED**
- ☐ **LEGAL BUSINESS NAME**
- ☐ **FEE \$150.00** (check made payable to City of Yukon)

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1. You must register ALL business names along with the Assumed Name (dba) for your company
 2. Business telephone number
 3. Fax number of person signing the application
 4. E-mail address of person signing the application
 5. Legal business name. Except for an individual (sole proprietor) or a partnership making application using the individual's or all partners' own full true name as the contractor name, the name identified of the Certificate of Assumed Name or Certificate of Authority issued by the Office of the Secretary of State shall be used on all forms used to apply for any license issued by the Department.



P.O. Box 850500 - (10 S 5th St.)
 Yukon, OK 73085
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FOR CITY USE ONLY

NAICS CODE _____ ZONING _____
 FIRE _____ PLANNING _____

NEW CONTRACTOR REGISTRATION APPLICATION
Electrical - Plumbing - Mechanical

Required Items— Please fill out all other applicable items

Business Information	♦ Trade (DBA) Name of Business			
	♦ Taxpayer Name (Owner(s), Partner(s), or Corporation name)			
	♦ Business Physical Location Address (No PO Box)		♦ City	♦ State ♦ Zip + 4
	♦ Mailing Address		♦ City	♦ State ♦ Zip + 4
	♦ Local Business Phone	♦ Local Fax	♦ Main Office Phone	♦ Main Office Fax
	♦ Main Office Email		♦ Federal Identification Number	
	♦ Contact Name		♦ Sales Tax Number	
	♦ Contact Phone Number	♦ Contact Fax	♦ Contact Cell Phone Number	
♦ Contact Email				

Type of License	♦ Specify services Performed:		
	♦ Type of Business (check all that apply) <input type="checkbox"/> Plumbing Contractor (\$ 150.00) <input type="checkbox"/> Mechanical Contractor (\$ 150.00) <input type="checkbox"/> Electrical Contractor (\$150.00)		

License Holder	♦ Name of License Holder			
	Address (No PO Box)		♦ City	♦ State ♦ Zip + 4
	Home Phone	Cell Phone	♦ Fax	
	State License Number	State License Expiration Date	♦ Email Address	

Applicants Signature
 Print _____

Sign _____